EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	Muhammad
Forenames	Khan
Address	
Home Telephone Number	

Place of examination: BADR AL SAMAA HOSPITAL, AL KHOUD BRANCH Date:- / /

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date / /	Nationality I	Country of birth	Religion

			Relationship to employee	Number of Children
[✓] Male	[ ] Single	[ ] Widow (er)		
[ ] Female	[ ] Married	[ ] Divorced/ Separated	[ ] Wife [ ] Son [ ] Daughter [ ] Fiancee	

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas Area:-

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you a Registered Disabled Person? (UK only) [ ] Do you belong to any Medical Insurance Scheme? [ ]

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			
9. Shortness of breath		✓	30. Painful passage of urine		✓	**FOR WOMEN ONLY**		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓	46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological Treatment		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	**HAVE YOU EVER BEEN:-**		✓			
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons					

How much tobacco each day? Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]
Heart disease [ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: Signature of applicant:

BADR AL-SAMAA HOSPITAL Al-Khoud C.R. No. 1693808

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
Further details of medical history and recreational activities

DR. SHILPA
MBBS., DOMS
Ophthalmologist
Moh. License No. [illegible]

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	Normal
		8. Anus & Rectum	
		9. Genito-urinary	
		10. Extremities	
		11. Musculo-skeletal	
		12.Skin & Varicose Vns	
		13.C.N.S.	
		14.Breasts	

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING L R	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
					Uncorrected	6/9	6/9	N6	N6	Present	
					Corrected	6/6	6/6	N6	N6		

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				6. Audiogram
		2. Hb Blood count ESR				7. Lung Function
		3. Serum Profile	N/A			8. Chest X-Ray
		4. Stool	N/A N/A			9. Drug Screen
		5. E.C.G.	N/A			10. CR Screen = Country Request (e.g. H.I.V.)

OTHER FINDINGS (Physique, scars, disabilities, mental stability etc.)

ASSESSMENT

☑ FIT ALL AREAS ☐ FIT HOME SERVICE ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date Signature Name (Block Capitals) Doctor/Sister

Dr. Sunuraj Sivanjan
MBBS DNB
SPECIALIST INTERNAL MEDICINE
MOH LICENCE # 15518

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor/Sister

BADR Al-Khoud C.R. No. 1693808 BADR AL-SAMAA HOSPITAL